

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	70	753/6	8/8/00
O.I.P.E. CLASSIFIER		10	8-15-00
FORMALITY REVIEW		70017	9/4/00
RESPONSE FORMALITY REVIEW		11	12/18/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	8/8/00
2	✓	✓	8/8/00
3	✓	✓	8/8/00
4	✓	✓	8/8/00
5	✓	✓	8/8/00
6	✓	✓	8/8/00
7	✓	✓	8/8/00
8	✓	✓	8/8/00
9	✓	✓	8/8/00
10	✓	✓	8/8/00
11	✓	✓	8/8/00
12	✓	✓	8/8/00
13	✓	✓	8/8/00
14	✓	✓	8/8/00
15	✓	✓	8/8/00
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28	✓	✓	8/8/00
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42	✓	✓	8/8/00
43	✓	✓	8/8/00
44	✓	✓	8/8/00
45	✓	✓	8/8/00
46	✓	✓	8/8/00
47	✓	✓	8/8/00
48	✓	✓	8/8/00
49	✓	✓	8/8/00
50	✓	✓	8/8/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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